



A Nonpartisan Public Policy and Research Office of the Connecticut General Assembly

## **Human Services Committee**

### **Public Hearing**

**February 18, 2016**

### **Testimony of Deb Migneault**

#### **Senior Policy Analyst, Connecticut's Legislative Commission on Aging**

Senator Moore, Representative Abercrombie and esteemed members of the Human Services Committee, my name is Deb Migneault, and I am the Senior Policy Analyst for Connecticut's Legislative Commission on Aging. As you know, Connecticut's Legislative Commission on Aging is the non-partisan, public policy and research office of the General Assembly, devoted to preparing Connecticut for a significantly changed demographic and enhancing the lives of the present and future generations of older adults.

Thank you for this opportunity to comment on SB 17: An Act Implementing the Governor's Budget Recommendations for Human Services.

As you know, the Department of Social Services (DSS) has a budget of \$3.8 billion, which represents approximately 20 percent of the state budget, and provides core services to people of all ages, including older adults and persons with disabilities. Given the "block grant" structure of the Governor's budget proposal, the line-by-line impact of the budget proposal is challenging to assess. All decisions will need to take into account existing and projected capacity needs and a growing and long-lived older adult population.

We are providing these comments to you today to raise awareness on pieces of the budget that may impact older adults and seek your continued support of elements of the budget that have been subject to cuts in past.

### **System Capacity**

#### ***CT Home Care Program for Elders***

As you are aware, outmoded eligibility systems at DSS, as well as staff reductions due to retirements and state hiring freeze policies have led to increased wait times for Medicaid eligibility determinations. The length of wait times has had a particular impact on older adults seeking services through the CT Home Care Program for Elders. Some program participants have been determined functionally eligible (that is, requiring a nursing home level of care) for services but may wait months for their financial eligibility to be determined. During that time, they are unable to receive services and are at high risk for nursing home placements. Thankfully, resources have been allocated and systems streamlined to help facilitate eligibility determination. Clearly, staffing levels have a profound impact on access to services.

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#### *Protective Services for the Elderly*

Last session, Public Act 15-236 required the Commission on Aging to study best practices for reporting and identification of abuse, neglect, exploitation and abandonment of older adults. Our findings related to the system capacity of the Protective Services for the Elderly (PSE) program were concerning. PSE is designed to safeguard older adults from physical, mental and emotional abuse, neglect (including self-neglect), abandonment and financial abuse and exploitation by investigating and responding to reports of elder abuse.

The number of referrals to PSE increased by almost 61% between 2010 and 2015, and the number of investigations increased from 3,529 to 4,764 over the same period (see data below). Accordingly, there is a concern about the current capacity of the PSE program to handle the necessary investigations to result from the aforementioned increase in referrals to the program.

The rise in referrals to PSE coincides with an overall reduction in the state workforce due to retirements and various hiring freeze policies. Specifically, staffing levels of PSE social workers has declined over the years. Currently there are 76 generalist social workers at the DSS Social Work Services Unit, which includes but is not limited to PSE (again, see data table below). Given projected increases in the number and longevity of older adults, increased number of mandated reporters (as required by PA 13-250 and PA 15-236), and enhanced training for financial agents (PA 15-236), we are already concerned with the ability of PSE staff to fully investigate referrals. Any additional cuts to staffing may have a profound impact on the ability of PSE workers to identify or prevent cases of elder abuse.

#### **DSS Protective Services for the Elderly Cases Served and # of Social Workers**

<b>Staff and Caseload</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015*</b>
Social Workers	83	83	76	78	76
PSE Cases Served	3529	3604	4024	4764	5679

#### **Combined Line Item**

The Governor's budget has proposed combining the budget line items for the CT Home Care Program for Elders and Protective Services for the Elderly. At this time, we are not fully aware of the impact this will have on these programs. Further analysis on the impact of this proposal is warranted.

#### **Burial Benefit**

While, the block grant structure of this proposed budget has made it difficult to assess the impact on specific state programs and services, Section 21 of SB 17 reduces the specific line item for an individual burial benefit from \$1,400 to \$1,000. This burial benefit is for individuals that have no ability to pay for the cost of a funeral, cremation or burial. Its preservation would be a value statement on all people-regardless of one's financial circumstances in life.

### **CT Home Care Program for Elders Cost-Share**

The CT Home Care Program for Elders (CHCPE) is the state's premier nursing facility diversion program providing community-based services to approximately 16,500 older adults. A recent estimates show that serving consumers through community-based services like the CHCPE costs approximately one-third the cost of serving the same consumer in a nursing facility.<sup>1</sup>

The initial cost-share for CHCPE started at 15% (initiated in 2010). Immediately following the implementation of the co-pay the program's enrollment declined by 17%. In July 2010, the state reduced the cost-share to 6% and the enrollment increased by almost 8%. In recent years the cost-share was increased to 7% and is currently at 9%. In this testimony today, we seek to raise awareness of this cost-effectiveness of this program, the recent trend to raise the cost-share on this program and the impact of the cost-share on utilization of the program. Increases to the cost-share for the state-funded portion of the CHCPE is an example of a line item that may show a savings in the CHCPE line item, but will more than likely cause growth in expenditures in Medicaid as participants decline enrollment due to the cost-share and thereby decline services meant to divert them from a more costly nursing home placement.

We thank you for the opportunity to comment on various aspects of the Governor's proposed budget as it relates to Human Services. We are thankful for your commitment particularly related to services that preserve the safety, dignity and choice of people across the lifespan.

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<sup>1</sup> Health Management Associates: Home and Community-Based Services are Cost-Effective Investments. January 2016